

PREPARED BY AND RETURN TO:
DAVIS LAW FIRM P.C.
ATTORNEYS AT LAW
5185 GETWELL ROAD
SOUTHAVEN, MS 38671
(662) 393-8542

LIFE ESTATE QUITCLAIM DEED

Carolyn A. Cook
GRANTOR,

TO:

John David Putnam
GRANTEE OF REMAINDER INTEREST,

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged, Carolyn A. Cook, the undersigned Grantor does hereby convey, and quitclaim unto John David Putnam the said property described herein below, reserving unto herself a life estate in and to said property located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 198, Section A, Revised, Churchwood Estates Subdivision, in Section 2, Township 2 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 12, Pages 45-46, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Curtis A. Cook died on May 25, 2006 in Horn Lake, DeSoto County, Mississippi.

THIS QUITCLAIM DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH AS NONE WAS REQUESTED.

This deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

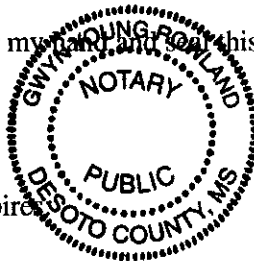
Witness my signature this the 21 day of February 2007

Carolyn A. Cook
Carolyn A. Cook
GRANTOR

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Carolyn A. Cook who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mention and for the purposes therein expressed, after having been duly authorized so to do.

Given under my hand and seal this 21 day of February 2007.



My commission Expires

Notary Public State of Mississippi
At Large
My Commission Expires
June 26, 2009
NOTARY
BONDED THRU
HEIDEN, BROOKS & GARLAND, INC.

Gwynn Young Garland

Grantor's Address:
1773 Tissington Drive
Horn Lake, MS 38637
(H)662-393-5472
(W)N/A

Grantee's Address:
1773 Tissington Drive
Horn Lake, MS 38637
(H)662-393-5472
(W)N/A

Davis

2

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHBK 552 PG 612
STATE FILE
NUMBERTYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOKNAME OF DECEDENT
For use by Physician or Institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) CURTIS AUSTIN COOK				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) May 25, 2006					
4. SOCIAL SECURITY NUMBER (of Decedent) 483-52-2378		5a. AGE LAST BIRTHDAY (Years) 63		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) Oct 25, 1942		7. BIRTHPLACE (City and State or Foreign Country) ADAIR COUNTY, IOWA	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO		9a. PLACE OF DEATH (Check Only One) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)									
9b. FACILITY NAME (if not institution, give street and number) BAPTIST MEMORIAL HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS				9d. COUNTY OF DEATH SHELBY			
10. MARITAL STATUS--Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) CAROLYN ADAMS		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) ENGINEER				12b. KIND OF BUSINESS/INDUSTRY ELECTRICAL			
13a. RESIDENCE-STATE MS		13b. COUNTY DESOTO		13c. CITY, TOWN, OR LOCATION HORN LAKE				13d. STREET AND NUMBER OR RURAL LOCATION 1773 TISSINGTON DR			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38637		14. WAS DECEASED OF HISPANIC ORIGIN? (Specify yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:				15. RACE--American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 15+) 4	

PARENTS

17. FATHER'S NAME (First, Middle, Last) CHARLES A COOK				18. MOTHER'S NAME (First, Middle, Maiden Surname) VERA MOLLN			
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INFORMANT

19a. INFORMANT'S NAME (Type/Print) CAROLYN COOK		19b. RELATIONSHIP TO DECEASED WIFE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1773 TISSINGTON DR HORN LAKE, MS 38637	
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DISPOSITION

20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input checked="" type="checkbox"/> Other (Specify) Entomb.		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) CATAWBA MEMORIAL PARK		20c. LOCATION--City or Town, State HICKORY, NC			
21a. SIGNATURE OF FUNERAL DIRECTOR 		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4383		21c. SIGNATURE OF EMBALMER 		21d. LICENSE NUMBER OF EMBALMER 4327	
22a. NAME AND ADDRESS OF FUNERAL HOME MID SOUTH MORTUARY SERVICES 3788 SUMMER AVE MEMPHIS, TN. 38122					22b. LICENSE NUMBER OF FUNERAL HOME 715		

REGISTRAR

23. REGISTRAR'S SIGNATURE 		24. DATE FILED (Month, Day, Year) JUN 08 2006	
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CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN 		25b. LICENSE NUMBER MO009636		25c. DATE SIGNED (Month, Day, Year) 6-6-2006	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF Medical Examiner		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	

PHYSICIAN OR MEDICAL
EXAMINER EXECUTING
CERTIFICATE MUST
COMPLETE AND SIGN
MEDICAL CERTIFICATION
WITHIN 48 HOURSSEE INSTRUCTIONS
ON OTHER SIDECAUSE OF
DEATH

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)				28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory failure DUE TO (OR AS A CONSEQUENCE OF): b. Pulmonary fibrosis idiopathic DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Approximate Interval Between Onset and Death 1 week 5 years			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Congestive heart failure - atherosclerotic				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending 2 <input type="checkbox"/> Accidental 6 <input type="checkbox"/> Could not be 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
		31e. PLACE OF INJURY--At home, farm, street, factory, office, building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			